

STATE OF MAINE

BOARD OF PHARMACY

**APPLICATION FOR
PHARMACY LICENSURE**



Department of Professional and Financial Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8620
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DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF PHARMACY
35 STATE HOUSE STATION
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Direct Tel: (207) 624-8620 Receptionist: (207) 624-8603
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John Elias Baldacci
GOVERNOR

ANNE L. HEAD
DIRECTOR

PHARMACY APPLICATION

✓CHECK ONE:

- ☐ The license fee of \$200 and floor plan must accompany original application.
- ☐ Pursuant to 32 MRSA § 13723(5)(G) a fee in the amount of \$100.00 is required for a change of the pharmacist-in-charge. A new pharmacy license will be issued with the noted change. Make check payable to: Treasurer, State of Maine

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

PLEASE PRINT OR TYPE:

I _____

- ☐ Owner
☐ Officer
☐ Agent

of _____
Street/P.O. Box *City/Town*

do hereby apply for a license to conduct a pharmacy at:

Street and Number *County*

City/Town *Zip Code* *Phone Number*

Federal Tax I.D. # (Mandatory): _____ and present the following statements in support of the right to be granted a license; as is provided in Title 32 of the Maine Revised Statutes Annotated, and all rules made thereunder.

1. Name and title under which pharmacy is operating:

2. If individually owned, give name and address of owner:

3. If partnership, give names of all active partners:

4. If a corporation, give name and date of incorporation and names of officers:

5. Pharmacy is open for business:

Mon _____ a.m. to _____ p.m.	Tues _____ a.m. to _____ p.m.
Wed _____ a.m. to _____ p.m.	Thurs _____ a.m. to _____ p.m.
Fri _____ a.m. to _____ p.m.	Sat _____ a.m. to _____ p.m.
Sun _____ a.m. to _____ p.m.	

6. Names of registered pharmacists employed, including employer if a registered pharmacist:

7. Names of registered qualified assistant pharmacists (Q.A.'s) employed:

PROPER FACILITIES, APPARATUS, UTENSILS REQUIRED:

Rx Weights	Adequate Lighting
Graduate Asst. (4)	Clean Rx Counter
Spatula, Steel (2)	Clean Rx Dept.
Sink	Spatula, non-metal (1)
Toilet Facilities	Mortar & Pestle (2)
Library (Prof. Ref.)	Safety Cap Rx Containers
Drug Interactions	Maine Pharmacy laws & rules (current)
Refrigerator	Rx Balance
Hot & Cold Running Water	Security (electronic)

8. Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended or revoked? Has any state or province denied, restricted, modified, suspended or revoked your state permit to prescribe or dispense controlled substances? ☐Yes ☐No, If yes, explain:
-
-

9. Have any state or territory of the U.S., province/territory of Canada, or any other jurisdiction EVER deny your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)?
☐Yes ☐No, If yes, explain:
-
-

10. Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses, but not including minor traffic or parking violations)? ☐Yes ☐No, If yes, explain on a separate piece of paper.
11. Been disciplined by a professional society? ☐Yes ☐No
12. Been notified by the regulatory jurisdiction of any state or province of Canada of the existence of allegations, filed with or by that jurisdiction, against which were not dismissed by a finding of that jurisdiction that the allegations were without merit? (Note: Accusations which remain open as of the date of this application and which are not confidential by law require a **YES** response and explanation.) ☐Yes ☐No

It shall be unlawful for any person, partnership, association or corporation to operate, maintain, open or establish any pharmacy within this state without first having obtained a permit to do so from the Board. Separate application must be filed and a separate permit will be issued if it is desired to operate, maintain, open, or establish more than one pharmacy. An individual pharmacist shall be responsible for one pharmacy license only. To the best of my ability, under penalty of perjury, I acknowledge the above to be true.

Signature of registered pharmacist-in charge

License # of registered pharmacist-in-charge

Dated: _____

Unless every question is fully answered, signed, and accompanied with appropriate payment above license will not be granted and the application will be returned for completion.

The Applicant certifies by his/her signature that the management of the pharmacy will be vested with the registered pharmacist in all matters directly or indirectly related to the practice of pharmacy or in any matters related to health, welfare, and safety of the public, as required by 32 M.R.S.A. Section 13752(4).

Signature of Applicant: _____ **Dated:** _____



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____

PHONE: (207)624-8620
(Office Phone)



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